

an
Inaugural Dissertation
on
Hydrothorax

By Landon R. Cabell. Virg.

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Hydrothorax 1.

I shall proceed to give some account of Hydrothorax, or as it is sometimes called Hydro-pneumothorax.

as this is the most unmanageable of all the forms of dropsy, at least said to be so, & most apt to be confounded with other diseases, the treatment of which is widely different, I deem it proper to enter minutely into its consideration. Symptoms. It very frequently happens that Hydrothorax exists sometimes before making itself manifest. At the commencement there is uneasiness at the pit of the stomach, in its progress, difficulty of breathing supervenes which is most considerable at night when the patient is in bed; along with these symptoms is a cough, at first dry, at length attended by expectoration of mucus, palpitation of the heart, & these symptoms generally complicated with anasarcaous swelling of the feet & legs, some think though this is not uniformly and attendant,

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and there is diminution of the flow of urine, occasionally the face swells & pits by pressure of the fingers, especially in the morning, and these symptoms are accompanied by debility & considerable inaction. The symptoms of the disease gradually progress, though slowly, & a considerable time elapses before the full establishment of it. The difficulty of breathing at length becomes excessive. The patient can seldom remain in a recumbent posture for any time, it being necessary for the upper part of the body to be kept almost erect. The sleep is interrupted by alarming dreams & the patient starts up with a sense of suffocation. There is convulsive action of the muscles of the upper extremities & violent palpitations of the heart. In the worst form of the disease, the patient sits erect with the mouth open, exhibiting the utmost anxiety for fresh air, the face and extremities are

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commonly cold, the pulse is sometimes exceedingly feeble, irregular and intermitting. there is a pain or sensation of numbness from the breast towards the insertion of the deltoid of one or both arms. The countenance, except a lividness about the lips, is pale with an expression of ghastliness, the upper part of the body is usually covered with a profuse clammy sweat. There is diarrhoea, coma, or delirium, arising from the difficult circulation of the blood through the lungs, and want of sleep, frequently attend the latter periods of Hypothesis, & from the same cause the expectoration is sometimes bloody. Effusions show water to be in one, or both sides, generally in both cavities of the chest, and at the same time collections in the cellular texture & principal cavities of the body. The fluid is yellow with the properties of serum, the quantity from a few ounces to several

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quarts, according to the quantity so are the lungs oppressed, and when it is very considerable there is usually a diminution of their size. When universal anasarca attends, it is not uncommon for the viscera of the abdomen to be diseased. The diseases with which dropsy of the chest are most apt to be compounded, are empyema, angina pectoris, asthma, organic affections of the heart and aorta, and certain complaints of the stomach. But by a close attention to the history of the cases, they may be generally distinguished without much perplexity or difficulty. Two circumstances may be particularly stated, as affording criteria of the existence of water in the chest. It is said of Corvisart, that by percussing with the hand upon the chest when the patient is in an erect posture, you can always hear the fluctuations

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of the *is* *liv*. And Bochat informs us that pressure upon the ~~liver~~ ^{liver} will considerably aggravate the cause of suffocation for the moment, as well as the other symptoms which attend on Hydrothorax, we may be able in many cases clearly to ascertain the accumulation of water in the chest. Causes. The causes which give rise to Hydrothorax are pretty much the same with those which are productive of the other species of Dropsy. But it is most usually to be met with as the habits of drunkenness, particularly in old persons; or from ill cured pneumonic inflammation or other affections; or it may happen as a part of universal dropsy.

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Treatment. In the *Treatment* of Hydrothorax we are to be guided by general principles, & with some exceptions are to employ the same remedies which are requisite for the cure

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of the other forms of dropsy. This disease may be connected either with a Tumor, or atonic condition of the system, but from what I have seen of the disease I should say it is almost universally in the early stage, it is a highly inflammatory one. This is clearly shown by the condition of the pulse, appearance of the blood by pains in the chest and side, and a variety of other symptoms. As such appears to be the fact we cannot hesitate, as to the course to be pursued. We should always commence with Venesection, under the circumstances I have mentioned.

Great advantage is derived from this remedy. But in this as in all other cases we must be governed by the pulse and other circumstances. The next remedy, in importance to Venesection is topical bloodletting. The cups should be applied between the shoulders & back of the neck. After these two remedies have been employed, we may apply a blister with

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great advantage on the breast, the irritation
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 ters are incomparably better. After arterial ac-
 tion has been reduced by the above
 measures it will be proper to resort to
 diuretics. Of these by far the best is a
 combination of squill and calomel. By
 this union, effects are produced
 which would not be by the squill alone,
 or the calomel alone. When the mouth
 becomes affected, it is always an au-
 spicious sign - commonly as soon as
 salivation is induced you will find
 the dyspnea, oppression of the chest,
 and other bad symptoms removed, or
 greatly relieved. But when the case is not

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serious, you may frequently prescribe the squill alone, leaving out the mercury. In some of the cases garlic has been found to be of great advantage which is analagous to the squill, and in almost all cases will be attended with ~~with~~ similar effects the juice with honey is the best way of giving it. At one period a great deal was said of the colchicum autumnale, it however lost its reputation.

Rub of late is recovering it, and it might be found advantageous in some of the cases of dropsy. It is an active diuretic, i.e., and possesses also considerable expectorant powers, it is most probably on these ~~accounts~~ ^{accounts} it has been thought more suitable to Hydrathion than the other shapes of it. Much of late has been said of digitalis in dropsy. But Dr. Chapman thinks the more he used it, the less

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confidence he has in it, & I believe most of the practitioners in the city concur with him in the same opinion as it respects Dr. Dothman. It appears that in this affection we have done less with the digitalis, than in the other cases of dropsy. Hamilton, the author of an excellent work on digitalis, differs in opinion with Dr. Chapman, and expresses his sentiments with the greatest confidence: "That a collection of water in any of the cavities of the chest is attended with great danger by impeding the action of the organs necessary to life cannot be denied, and if not speedily removed will soon prove fatal. But that this may be removed experience by which alone I presume to be guided does not allow me to doubt, for in no case whatever of this disease, however advanced or

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desperate, case: employed the digitalis with-
 out speedily relieving it; that the powers of
 digitalis over Hydrothorax are infinitely beyond
 what could be expected from any remedy;
 and may be said to amount almost to
 certainty of effect! To this account I am
 only to say, that it would be happy indeed
 for mankind, were one half of it correct,
 & that it is truly surprising, that a writer
 otherwise so respectable, in every respect as
 Hamilton, should be so led away by enthu-
 siasm as to cause him to make such
 an extravagant & incorrect statement. I
 must necessarily agree with Dr Chapman,
 that in Hydrothorax, digitalis is infinitely
 less effectual, than in the other forms
 of Dropsy; & further more deserves less
 notice or attention than the squill and
 several other remedies. Of late Dr Ferriar
 has conducted a series of experiments

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with the view of ascertaining the most
 certain and active diuretics. As the re-
 sult of his numerous & diversified trials of
 the different articles of the Mat. Med. he
 was led to the conclusion that the follow-
 ing composition was the most certain and
 efficacious. ~~A~~ Extract of Stannum 1 gr to 5 grs
 dissolved in water 3ii. Tincture of squill & oxy-
 mel of colchic. aa 3ss. Syrup of Buckthorn
 ℞ a tea-spoon full with a little
 water to be given, according to circum-
 stances 4 or 5 times in the 24 hours. This
 preparation he considers singularly effi-
 cacious in all dropsies, as an ex-
 cess of the water, though particu-
 larly so in the effusions of the chest.
 I can say nothing of it myself having
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& enlightened of the practitioners of
 medicine in his time. many cases he
 has recorded of its great efficacy in re-
 moving the watery effusions in the chest,
 are detailed in his works. It would seem
 reasonable to suppose that emetics from
 their known effects on the chest would
 be beneficial in Hydrothorax they are
 accordingly recommended by some practi-
 cal writers. But to relieve the lungs from
~~oppressive~~ accumulations of phlegm they
 are not productive of any great
 advantage, on the contrary they some-
 times unequivocally aggravate the sym-
 ptoms which they are prescribed to re-
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 such is not the case. It is a curious fact,
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experience, that evacuations from the bowels to any extent, in diseases of the lungs, generally proves to be mischievous, and sometimes so injurious as to be wholly inadmissible. and the remark is equally applicable to Hydrothorax. They afford no mitigation to the symptoms, & the system appears to sink speedily under the operation of the remedies. Hence they are not now employed at all; or at most only to keep the bowels in a soluble state. These are the general remedies employed in this disease. The best of which is the combination of squill and calomel. By this alone judiciously administered, after sufficient depletion, in a majority of instances, a cure will be produced. It is by no means true, as Cullen has affirmed, and as the European physicians generally hold

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that Hydrothorax is nearly an incurable disease. When there is no very great organic injury, I should suppose it quite as manageable as ascites or hydrocephalus. Dr. Chapman is of the opinion, from his own practice, that it is ~~rather~~ more manageable than either of the above forms of Dropsy. I believe one source of success in it is, that practitioners have considered it too much a disease of debility, totally regardless of the symptoms of inflammation which generally exist along with it. By employing depletion in the first place and then the squill, in a considerable proportion of cases, we may with confidence calculate upon a final cure of Hydrothorax.

